



## **Effective 1/1/18 - Musculoskeletal Prior Authorization Implementation for Savannah River Nuclear Solutions and Savannah River Remediation Health Plans**

This bulletin is to inform you of a change affecting your patients who are members of the **Savannah River Nuclear Solutions/Savannah River Remediation** Health Plan group. In keeping with our commitment to promoting continuous quality improvement of services provided to BlueCross BlueShield of South Carolina members, BlueCross has entered into an agreement with Magellan Healthcare to implement a musculoskeletal care management program.

As of January 1, 2018, SRNS/SRR members' health benefits will include a new prior authorization (PA) program for non-emergent outpatient interventional spine pain management services and inpatient and outpatient lumbar and cervical spine services. Providers will be able to request prior authorization via the Magellan Healthcare website [www.RadMD.com](http://www.RadMD.com) or by calling the Magellan Healthcare toll-free number 866-500-7664.

This outlines the specific procedures requiring prior authorization in the two components of musculoskeletal care services managed by this program:

### **Component 1:**

We will require prior authorization for these non-emergent inpatient and outpatient spine surgeries:

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetectomy & Foraminotomy)
- Lumbar Spine Fusion (Arthrodesis)
- Cervical Anterior Decompression with Fusion – Single and Multiple Levels
- Cervical Posterior Decompression with Fusion – Single and Multiple Levels
- Cervical Posterior Decompression (without Fusion)
- Cervical Anterior Decompression (without Fusion)

### **Component 2:**

We will require prior authorization for these non-emergent outpatient interventional spine pain management services:

- Spinal Epidural Injections
- Paravertebral Facet Joint Injections or Blocks
- Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis)

### **Key Provisions:**

- Be aware that if a provider not based in South Carolina fails to get the prior authorization, the member is liable for any non-covered charges that result when there is no PA on file. In South Carolina, the providers are liable for non-covered charges if a required PA is not granted.
- Magellan Healthcare does not manage prior authorization for emergency spine surgery cases that are admitted through the emergency room or for spine surgery procedures outside of the procedures listed.
- Providers rendering these services should verify that they have the necessary authorization. Failure to do so may result in non-payment of the claim.

We appreciate your support and look forward to your assistance ensuring BlueCross members continue to receive musculoskeletal care management services in a quality, clinically appropriate fashion.

## Frequently Asked Questions

GENERAL	
<p><b>Why is BlueCross implementing an MSK program focused on interventional pain management procedures?</b></p>	<p>To improve quality and manage the utilization of on-emergent MSK, including IPM procedures for our members. Magellan Healthcare is the vendor manager for BlueCross imaging program and these new spine modalities are an extension of that management program. Magellan is an independent company that provides utilization management services on behalf of BlueCross. BlueCross providers will utilize the provider tools to request these studies as they do today for advanced imaging.</p> <p>Interventional Pain Procedures include:</p> <ul style="list-style-type: none"> <li>• Spinal Epidural Injections</li> <li>• Paravertebral Facet Joint Injections or Blocks</li> <li>• Paravertebral Facet Joint Denervation [Radiofrequency (RF) Neurolysis]</li> </ul>
<p><b>Why did BlueCross select Magellan Healthcare?</b></p>	<p>An affiliate of Magellan Health Services, Magellan Healthcare was selected to partner with us because of its clinically driven program designed to effectively manage the quality, patient safety and ensure appropriate utilization of resources for BlueCross membership.</p>
PRIOR AUTHORIZATION	
<p><b>What MSK services will require a provider to obtain a prior authorization?</b></p>	<p>The following procedures require prior authorization through Magellan Healthcare:</p> <ul style="list-style-type: none"> <li>• Spinal Epidural Injections</li> <li>• Paravertebral Facet Joint Injections or Blocks</li> <li>• Paravertebral Facet Joint Denervation [Radiofrequency (RF) Neurolysis]</li> </ul>
<p><b>When is prior authorization required?</b></p>	<p>Prior authorization is required for outpatient, non-emergent interventional pain procedures. Ordering providers must obtain prior-authorization of these procedures prior to the service being performed.</p> <p><b>Note:</b> Only outpatient procedures are within the program scope. All interventional pain management procedures performed in the Emergency Room or as part of inpatient care do not require prior authorization.</p>
<p><b>Is prior authorization required for members currently undergoing treatment?</b></p>	<p>Yes, authorization is required for dates of service on or beyond <b>January 1, 2018</b> even if the member is continuing treatment.</p>
<p><b>Who do we expect to order interventional pain management procedures</b></p>	<p>Interventional pain procedures requiring medical necessity review are usually ordered by one of the following specialties.</p> <ul style="list-style-type: none"> <li>☐ Anesthesiologists</li> </ul>

	<ul style="list-style-type: none"> <li>• Neurologists</li> <li>• Pain Specialist</li> <li>• Orthopedic Spine Surgeon</li> <li>• Neurosurgeon</li> <li>• Other physicians with appropriate pain procedure training and certification</li> </ul>
<p><b>How does the ordering provider obtain a prior authorization from Magellan Healthcare for an outpatient IPM procedure?</b></p>	<p>Providers will be able to request prior authorization via the Magellan Healthcare website <a href="http://www.RadMD.com">www.RadMD.com</a> or by calling the Magellan Healthcare toll-free number <b>866-500-7664</b></p>
<p><b>What information will Magellan Healthcare require in order to receive prior authorization?</b></p>	<p>To expedite the process, please have the following information ready before logging on to the website or calling the Magellan Healthcare call center staff (*denotes required information):</p> <p><b>Interventional Pain Management Procedures:</b></p> <ul style="list-style-type: none"> <li>• Name and office phone number of ordering physician*</li> <li>• Member name and ID number*</li> <li>• Requested procedure*</li> <li>• Name of provider office or facility where the service will be performed*</li> <li>• Anticipated date of service*</li> <li>• Details justifying the pain procedure*: <ul style="list-style-type: none"> <li>- Date of onset of pain or exacerbation</li> <li>- Physician exam findings and patient symptoms (including findings applicable to the requested services)</li> <li>- Clinical Diagnosis</li> <li>- Date and results of prior interventional pain management procedures.</li> <li>- Diagnostic imaging results, <i>where available</i>. Conservative treatment modalities completed, duration, and results (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)</li> </ul> </li> </ul> <p>Please be prepared to fax the following information, if requested:</p> <ul style="list-style-type: none"> <li>• Clinical notes outlining onset of pain, conservative care modalities, outcomes and physical exam findings</li> <li>• Date and results of prior interventional pain management procedures</li> <li>• Effectiveness of prior procedures on reducing pain</li> <li>• Diagnostic Imaging results</li> <li>• Specialist reports/evaluation</li> </ul>

<p><b>Can a provider request more than one procedure at a time for a member (i.e., a series of epidural injections)?</b></p>	<p>No, Magellan Healthcare requires prior authorization for each pain procedure being requested and will not authorize more than one procedure at a time.</p>
<p><b>What kind of response time can ordering providers expect for prior authorization?</b></p>	<p>The best way to maximize the efficiency turnaround time of an authorization request on line through <a href="http://www.RadMD.com">www.RadMD.com</a> or by calling 1-866-500-7664 and to have knowledge of the case including:</p> <ul style="list-style-type: none"> <li>• The patient’s history and diagnosis</li> <li>• Onset of pain</li> <li>• Finding on physical examination</li> <li>• Response and type of non-operative management the patient has undergone</li> <li>• History of medical or surgical treatment</li> <li>• Rationale for the procedure</li> </ul> <p>A determination is generally made within 2 business days after receipt of request with full clinical documentation; however Magellan has up to 15 calendar days to process these requests.</p>
<p><b>How long is the prior authorization number valid?</b></p>	<p>The authorization number is valid for 15 days from the date of service.</p>
<p><b>If a provider obtains a prior authorization number does that guarantee payment?</b></p>	<p>An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.</p>
<p><b>Does Magellan Healthcare allow retro-authorizations?</b></p>	<p>It is important that key physicians and office staff be educated on the prior authorization requirements. Claims for interventional pain management procedures, as outlined above, that have <u>not</u> been properly authorized will <u>not</u> be reimbursed. Physicians administering these procedures <u>should not</u> schedule or perform procedures without prior authorization. Retrospective review of completed procedures are evaluated for medical necessity and to determine whether there was an urgent or emergent situation that prohibited the provider from obtaining prior authorization for the service and to determine whether medical necessity guidelines were met.</p>
<p><b>Can a provider verify an authorization number online?</b></p>	<p>Yes. Providers can check the status of member authorization quickly and easily by going to the website at <a href="http://www.RadMD.com">www.RadMD.com</a></p>
<p><b>What if the member or provider disagrees with Magellan Healthcare’s determination?</b></p>	<p>In the event of a prior authorization or claims payment denial, providers may appeal the decision through BlueCross. Providers should follow the instructions on their nonauthorization letter or Explanation of Payment notification.</p>